

DECLARATION AND POWER OF ATTORNEY

DECLARATION:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe, the below named inventors are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention for VOICE-OPERATED TWO-WAY ACYNCHRONOUS RADIO, the specification of which is attached hereto unless the following box is checked.

[_] was filed on as Application Serial Number and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS

Number	Country	Date Filed	Priority Claimed (Yes/No)
>	>	>	>
>	>	>	>
>	>	>	>

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States Provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE
>	>
>	>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR UNITED STATES APPLICATIONS

Application Serial Number	Filing Date	Status
>	>	>
>	>	>

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY:

I hereby appoint the following attorney with full power of substitution to act exclusively for Mitsubishi Electric to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Dirk Brinkman, Reg. No. 35,460; Andrew J. Curtin, Reg. No. P48,485.

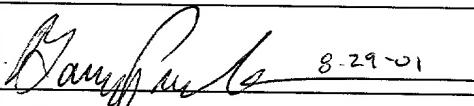
All correspondence should be addressed to:

Patent Department
Mitsubishi Electric Research Laboratories, Inc.
201 Broadway
Cambridge, Massachusetts 02139

All telephone calls should be directed to Dirk Brinkman,
telephone number (617) 621-7539.

Inventor's Full Name:	David B. Anderson
Inventor's Signature:	<i>David B. Anderson</i>
Date:	29 Aug 2001
Residence: (City, State and/or country)	70 Fairview Avenue Belmont, Massachusetts 02478
Citizenship:	United States of America
Post Office Address:	70 Fairview Avenue Belmont, Massachusetts 02478

Inventor's Full Name:	Emily Anderson
Inventor's Signature:	<i>Emily B. Anderson</i>
Date:	10 Sept 2001
Residence: (City, State and/or country)	70 Fairview Avenue Belmont, Massachusetts 02478
Citizenship:	United States of America
Post Office Address:	70 Fairview Avenue Belmont, Massachusetts 02478

Inventor's Full Name:	Barry Perlman
Inventor's Signature:	 8-29-01
Date:	Aug 29, 2001
Residence: City, State and/or country)	336 Harvard Street Cambridge, MA 02139
Citizenship:	United States of America
Post Office Address:	336 Harvard Street Cambridge, MA 02139